

16235
U.S. PTO

Atty. Dkt. No. 044499-0200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dawn MELMAN

Title: IMMobilizer COIL
ATTACHMENT

Appl. No.: Unassigned

Filing Date: April 1, 2004

Examiner: Unassigned

Art Unit: Unassigned

16235 U.S. PTO
10/814809**UTILITY PATENT APPLICATION
TRANSMITTAL**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Dawn MELMAN

Enclosed are:

Application Data Sheet (37 CFR 1.76) (2 pages).

Specification, Claim(s), and Abstract (12 pages).

Formal drawings (5 sheets, Figures 1-5).



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The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total Claims:	20	- 20 = 0	x	\$18.00 =	\$0.00
Independents	4	- 3 = 1	x	\$86.00 =	\$86.00
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee			+	\$130.00 =	\$130.00
				SUBTOTAL: =	\$986.00
[]				Small Entity Fees Apply (subtract ½ of above): =	\$0.00
				TOTAL FILING FEE: =	\$986.00

A check in the amount of \$0.00 to cover the filing fee is enclosed.

The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By _____



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